

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICESPRINTED: 09/06/2017
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION POC#2		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445268		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 08/23/2017	
NAME OF PROVIDER OR SUPPLIER LEBANON HEALTH AND REHABILITATION CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 731 CASTLE HEIGHTS COURT LEBANON, TN 37087			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
F 000	INITIAL COMMENTS A Recertification survey and complaint investigation (#42065) was conducted on 8/21/17 through 8/23/17, at Lebanon Health and Rehabilitation Center. No deficiencies were cited in relation to complaint #42065 under 42 CFR Part 483, Requirements for Long Term Care Facilities.			F 000			
F 371 SS=F	483.60(i)(1)-(3) FOOD PROCURE, STORE/PREPARE/SERVE - SANITARY (i)(1) - Procure food from sources approved or considered satisfactory by federal, state or local authorities. (i) This may include food items obtained directly from local producers, subject to applicable State and local laws or regulations. (ii) This provision does not prohibit or prevent facilities from using produce grown in facility gardens, subject to compliance with applicable safe growing and food-handling practices. (iii) This provision does not preclude residents from consuming foods not procured by the facility. (i)(2) - Store, prepare, distribute and serve food in accordance with professional standards for food service safety. (i)(3) Have a policy regarding use and storage of foods brought to residents by family and other visitors to ensure safe and sanitary storage, handling, and consumption. This REQUIREMENT is not met as evidenced by: Based on facility policy review, facility document			F 371	F 371 483.60(i)-(3) FOOD PROCURE, STORE/PREPARE/SERVE - SANITARY Regulation: (i)(1) - Procure food from sources approved or considered satisfactory by federal, state, and local authorities. (i) This may include food items obtained directly from local producers, subject to applicable State and local laws or regulations. (ii) This provision does not prohibit or prevent facilities from using produce grown in facility gardens, subject to compliance with applicable safe growing and food-handling practices. (iii) This provision does not preclude residents from consuming foods not procured at the facility (i)(2) - Store, prepare, distribute and serve food in accordance with professional standards for food service safety. (i)(3) Have a policy regarding use and storage of foods brought to residents by family and other visitors to ensure safe and sanitary storage Plan of Correction: 1. A. Food Service Director immediately began auditing all food and drinks in the refrigerator. Containers and food items that were not secure, unlabeled, and/or undated were thrown away immediately. All containers were cleaned properly. All containers and food items were appropriately dated, labeled, and secured. 9/21/17		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICESPRINTED: 09/06/2017
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445268	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 08/23/2017
NAME OF PROVIDER OR SUPPLIER LEBANON HEALTH AND REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 731 CASTLE HEIGHTS COURT LEBANON, TN 37087		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
F 371	<p>Continued From page 1</p> <p>review, observation, and interview the facility failed to maintain a sanitary kitchen in 1 of 1 walk-in refrigerators, 1 of 1 walk-in freezers, 1 of 1 storage rooms and 1 of 1 nourishment rooms refrigerator and freezer affecting 34 out of 37 residents.</p> <p>The findings included:</p> <p>Review of the facility policy "Food Storage Cold" revised 5/2014, revealed, "...The Food Services Director/Cook(s) insures [ensures] that all food items are stored properly in covered containers, labeled and dated..."</p> <p>Review of the facility policy "Food Storage Dry Goods" revised 5/2014 revealed, "...The Food services Director or designee ensures that all packaged and canned food items shall be kept clean, dry, and properly sealed..."</p> <p>Review of the facility policy "Environment" revised 5/2014 revealed, "...It is the center policy that all food preparation areas, food service areas, and dining area will be maintained in a clean and sanitary condition...The Food Service Director will insure [ensure] that a routine cleaning schedule is in place for all cooking equipment, food services areas and surfaces..."</p> <p>Review of the facility documentation "Nutrition Refrigeration Cleaning Daily Cleaning (Or as Needed) Weekly Deep Clean Sign Off" revealed no documentation the nourishment room refrigerator and freezer was cleaned.</p> <p>Observation with the Regional Dietary Manager on 8/21/17 from 9:35 AM - 9:42 AM, of the walk in refrigerator, revealed:</p>	F 371	<p>B. Food Service Director immediately began auditing all food and drinks in the walk-in-freezer. Containers and food items that were not secure, unlabeled, and/or undated were thrown away immediately. All containers were cleaned properly. All containers and food items were appropriately dated, labeled, and secured. 9/21/17</p> <p>C. Food Service Director immediately began auditing all food and drinks in the dry storage room. Containers and food items that were not secure, unlabeled, and/or undated were thrown away immediately. All containers were cleaned properly. All containers and food items were appropriately dated, labeled, and secured. 9/21/17</p> <p>D. Refrigerator in Nourishment Room must be properly cleaned weekly, or as needed. Resident's food and drinks in refrigerator must be dated, labeled, and secure. Refrigerator in Nourishment room was cleaned by Food Service Director immediately upon finding. Resident's food and drinks that were not secure, unlabeled, and/or undated were thrown away immediately. Refrigerator in Nourishment Room doors must stay closed when not in use and maintain the proper temperature. Refrigerator doors were closed properly after cleaning and discarding items. 9/21/17</p>		

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICESPRINTED: 09/06/2017
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445268	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 08/23/2017
NAME OF PROVIDER OR SUPPLIER LEBANON HEALTH AND REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 731 CASTLE HEIGHTS COURT LEBANON, TN 37087		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
F 371	<p>Continued From page 2</p> <p>A) One 5 pound of yellow pasteurized process American sliced cheese approximately 160 slices opened to air and undated.</p> <p>B) Twenty 7 ounce (oz) cups of tea on a cart undated and unlabeled.</p> <p>C) One 8 oz cup of lemonade on a cart undated and unlabeled.</p> <p>D) Four 4 oz chocolate shakes on a cart undated.</p> <p>E) Four 4 oz vanilla shakes on a cart undated.</p> <p>F) Four thickened sweet teas 4-6 oz on a cart undated.</p> <p>G) Three 7 oz nectar thickened tea on a cart undated and unlabeled.</p> <p>H) One 8 oz nectar thickened water on a cart undated and unlabeled.</p> <p>I) One 6 oz nectar thickened milk on a cart undated, unlabeled and all items available for resident consumption.</p> <p>Observation with the Regional Dietary Manager on 8/21/17 at 9:46 AM of the walk-in freezer revealed:</p> <p>A) Ten 8 oz cups approximately 1/3- 1/2 full of ice with ice crystals on a tray on the shelf, opened to air and undated.</p> <p>B) 3 plastic bags of 2 pound white loaves of bread undated.</p>	F 371	<p>2. All residents have the potential to be affected by not following policies as it relates to "Food Storage Cold", "Food Storage Dry Goods", "Environmental", and "Nutrition Refrigeration Daily (or as needed) Weekly Deep Cleaning Sign Off." All residents have the potential to be affected by not closing the Nutrition Room Refrigerator doors.</p> <p>3. The Food Service Director or designee will conduct daily audits times six (6) weeks then three (3) times per week for an additional six (6) weeks to ensure:</p> <p>A. Items in kitchen refrigerator are properly cleaned and food and drink items are secured, labeled, and dated.</p> <p>B. Items in kitchen freezer are properly cleaned, and food and drink items are secured, labeled, and dated.</p> <p>C. Items in dry supply room are properly cleaned, and food and drink items are secure, labeled, and dated.</p> <p>D. Nourishment room refrigerator is cleaned per schedule, refrigerator doors are working properly, and all food and drink items are secure, labeled, and dated.</p> <p>4. The Food Service Supervisor will conduct education for all dietary staff on dietary policies and procedure on 8/22/17 through 8/24/17. Food Service Supervisor will bring audit forms to QAPI meeting and will be reviewed at monthly QAPI meeting by IDT for six (6) months for compliance and possible trends.</p>		10/1/17

Completed: 10/1/17

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 09/06/2017
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445268		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 08/23/2017	
NAME OF PROVIDER OR SUPPLIER LEBANON HEALTH AND REHABILITATION CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 731 CASTLE HEIGHTS COURT LEBANON, TN 37087			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
F 371	<p>Continued From page 3</p> <p>C) 3 plastic bags containing 12 hot dog buns each undated.</p> <p>D) 1 bag of 4 pound vegetable blend 1/2 full opened to air, undated and all items available for resident consumption.</p> <p>Interview with the Regional Dietary Manager on 8/21/17 at 9:56 AM, in the kitchen, confirmed the facility failed to ensure all items were labeled, dated, and secured in the walk in refrigerator and the walk in freezer and were available for resident consumption.</p> <p>Observation with the Dietary Manager (DM) on 8/23/17 at 8:25 AM, of the walk in refrigerator in the kitchen, revealed:</p> <p>A) One 256 fluid oz plastic container of hamburger slice pickles opened to air.</p> <p>B) 17 slices of cheese open to air and all items available for resident consumption.</p> <p>Observation with the DM on 8/23/17 at 8:35 AM, of the storage room revealed:</p> <p>A) Approximately a 25-35 gallon plastic container of corn meal with black debris. Continued observation revealed the container was labeled cleaned 6/6/17 and filled 8/11/17.</p> <p>Interview with the DM on 8/23/17 at 8:42 AM, in the kitchen, confirmed the facility failed to secure items in the refrigerator and failed to maintain a clean food supply. Continued interview confirmed the plastic containers of food supply were scheduled to be cleaned every time it was filled</p>			F 371			

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 09/06/2017
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445268		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 08/23/2017	
NAME OF PROVIDER OR SUPPLIER LEBANON HEALTH AND REHABILITATION CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 731 CASTLE HEIGHTS COURT LEBANON, TN 37087			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
F 371	<p>Continued From page 4 and had not been cleaned since 6/6/17.</p> <p>Observation with the DM on 8/23/17 at 8:45 AM, of the nourishment room refrigerator and freezer, near the nursing station, revealed the refrigerator door was open with a temperature reading of 58 degrees. Continued observation revealed the following items:</p> <p>A) Nineteen 4 oz apple juices.</p> <p>B) 5 strawberry banana yogurts.</p> <p>C) 4 cartons of 1 cup whole milk.</p> <p>D) 6 vanilla 32 oz 2.0-med plus supplements.</p> <p>E) Four 46 oz thickened sweet teas.</p> <p>F) Three 5.3 oz black cherry yogurts.</p> <p>G) 4 peanut butter sandwiches.</p> <p>H) A plastic container containing a resident's takeout meal undated.</p> <p>I) Five 8 oz glucose shakes.</p> <p>J) 96 fluid oz of reduced fat milk.</p> <p>K) One 8 oz shake.</p> <p>L) A discharged resident's cotton and plastic lunch box containing two 8 oz Protein Shakes. Further observation revealed all items available for resident consumption.</p> <p>M) Brown/black dirt and debris in 2 drawers in the refrigerator.</p>			F 371			

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 09/06/2017
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445268		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 08/23/2017	
NAME OF PROVIDER OR SUPPLIER LEBANON HEALTH AND REHABILITATION CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 731 CASTLE HEIGHTS COURT LEBANON, TN 37087			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
F 371	<p>Continued From page 5</p> <p>N) Brown debris and thickened black substances on the shelves in the freezer.</p> <p>Interview with the DM on 8/23/17 at 9:00 AM, in the nourishment room, located near the nursing station, confirmed the facility failed to maintain a sanitary nourishment room refrigerator and freezer by failure to ensure the refrigerator was closed after use and label food items. Continued interview confirmed the facility failed to clean the nourishment room refrigerator on a weekly basis and as needed. Further interview confirmed the facility failed to discard the resident's food in the refrigerator upon discharge.</p> <p>Interview with the DM on 8/23/17 at 9:20 AM, in the conference room, confirmed the DM stated "... We haven't been cleaning the nourishment room refrigerator since I've worked here since January of this year..."</p>			F 371			